## MULTIPLE DE NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

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OTAL /	7/1		188		7		TOTAL DE	<b> </b>	1000	Gest	7		<del></del>	
AIMS /							CLAIMS							
0 - 1340 (RE	V. 1144)									PARTMENT and Tradoma		ACE		